



**Alliance Health
Medical Specialty Solutions
Quick Reference Guide
For Ordering and Rendering Providers**

July 1, 2024

In keeping with our commitment of promoting continuous quality improvement for services provided to Alliance Health members, Alliance Health has entered into an agreement with WellCare of North Carolina (WellCare) to perform certain Utilization Management administrative functions including Medical Necessity Reviews (Prior Authorization, Concurrent Review and Retrospective Reviews), member and provider notifications. WellCare has delegated the responsibility of medical necessity reviews for Alliance Health's NC Medicaid members, including prior authorization of non-emergent Medical Specialty Solutions procedures to Evolent (formerly National Imaging Associates, Inc.). Evolent has implemented a Medical Specialty Solutions program which is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services.

Based on a July 1, 2024, implementation, Alliance Health, consistent with NC Medicaid guidance, is waiving prior authorization for these services for dates of service from July 1, 2024 through September 30, 2024. Prior authorization will be required for all dates of service October 1, 2024 and thereafter.

North Carolina Medicaid implemented several policy flexibilities at the launch of Tailored Plans to ease the administrative burden on providers and to ensure members receive uninterrupted care during the transition to Alliance Health.

To ensure continuous care for members during the transition, Alliance Health is extending certain policy flexibilities originally scheduled to expire September 30, 2024.

Please note that Alliance Health, consistent with North Carolina Medicaid guidance, **is waiving prior authorization for Medical Specialty Solutions services for dates of service July 1, 2024 through January 31, 2025**. Prior authorization will be required for all dates of service February 1, 2025 and beyond.

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Nuclear Stress Test
- Echocardiography

Please refer to Evolent's website to obtain the Alliance Health /Evolent Billable CPT® Codes Claim Resolution/Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of Alliance Health.

Evolent will manage the Medical Specialty Solutions services listed above through Alliance Health's existing provider contractual relationships.

Medical Specialty Solutions Services performed in the following settings do not require authorization through Evolent:

- Inpatient
- Observation
- Emergency Department/urgent care facility

Urgent/Emergent Care

If an urgent/emergent clinical situation exists outside of a hospital emergency department, please contact Evolent immediately with the appropriate clinical information for an expedited review. Evolent's website www.RadMD.com cannot be used for urgent/emergent clinical situations during normal business hours. For prior authorization of urgent/emergent care during normal business hours contact Evolent at 1-800-327-0793.

Obtaining Authorizations

The ordering provider is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering this service to:

- Ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.
- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under Alliance Health.
- If a provider office calls to schedule a member for a procedure requiring prior authorization, request the authorization number.
- If the referring provider has not obtained prior authorization when required, inform the provider of this requirement, and advise him/her to obtain an authorization.
- If a member calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, the member should be directed back to the referring provider who ordered the procedure.

Prior Authorization Process

There are two ways to obtain authorizations -- either through Evolent's website at www.RadMD.com (preferred method) or by calling Evolent: Call center hours of operation are Monday through Friday, 8 AM to 8 PM EST.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service.* Have the appropriate information ready before logging into Evolent’s website or calling Evolent’s call center. (*Information is required).

- Name and office phone number of ordering provider*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service
- Details justifying procedure*
 - Symptoms and their duration
 - Physical exam findings
 - Conservative treatment member has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
 - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Please be prepared to provide the following information, if requested
 - Clinical notes
 - X-ray reports
 - Specialist reports/evaluation
 - Ultrasound reports
 - Previous related test results

***To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists and Tip Sheets on www.RadMD.com.**

Website Access

- It is the responsibility of the **provider ordering the Medical Specialty Solutions Services** to access Evolent’s website or call for prior authorization.
- **To get started**, go to www.RadMD.com, click the New User button and submit a RadMD Application for New Account by selecting “**Physician’s office that orders procedures.**” Your RadMD login information should not be shared.
- If a user already has access to RadMD to initiate authorizations, RadMD access will allow users to submit an authorization for any procedures/products managed by Evolent.

- You can request prior authorization at www.RadMD.com by clicking the “**Request an exam or specialty procedure including**” link which is a part of your main menu options. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST. **Pended requests:** If you are requesting prior authorizations through the Evolent website and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorization status:** You can check on the status of prior authorizations quickly and easily by using the “View Request Status” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by Evolent, users can view links to case-specific communication to include requests for additional information and determination letters.
- The “Track an Authorization” feature allows users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.

Access Provider Self-service at:
www.RadMD.com

Submitting Claims

Submit claims directly to Alliance Health. Please send your claims for services to the following address:

Alliance Health
5200 West Paramount Pkwy., Suite 200
Morrisville, NC 27560
ATTN: Claims Department

For electronic submission, Alliance Health payor ID number is **XXXXX**

Quick Contacts

- Website:
www.RadMD.com
- Toll Free Phone Numbers:
1-800-327-0793

Important Notes

- Authorizations are valid for 60 days from the date of request.
- The Evolent authorization number consists of alpha/numeric characters. In some cases, you may instead receive an Evolent tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD website or via our Interactive Voice Response telephone system.
- Evolent’s Clinical Guidelines can be found on Evolent’s website, www.RadMD.com under Online Tools/Clinical Guidelines. Evolent’s guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member’s benefit plan, including but not limited to, member eligibility, benefit coverage at the

time of the services is provided and any pre-existing condition exclusions referenced in the member's benefit plan.

- For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641.
- To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent Area Provider Relations Manager.
- The Alliance Health member ID card does not have Evolent identifying information on it. Alliance Health redirects calls to Evolent for Medical Specialty Solutions Services.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).